



Affidavit for Voter Registration Cancellation of Deceased Voter

1

Deceased Voter Information

Last Name: _____ Suffix: _____
First Name: _____ Middle Name: _____
Previous Name: _____
Street Address: _____
City/State/Zip: _____
Date of Birth: _____ Date of Death: _____
Place of Death: _____

2

Person Reporting Death

First Name: _____ MI: _____ Last Name: _____

Relationship to Voter: ☐ Parent ☐ Legal Guardian ☐ Child ☐ Sibling ☐ Spouse

3

Oath

I hereby declare, under penalty of perjury, that according to my personal knowledge and belief that the voter written above is deceased and should be removed from the registration rolls of _____ County, West Virginia.

Signature

Date

4

Return

Please return this form by mail or in person to your county clerk.

(Notary Public use only)

State of _____, County of _____

Subscribed and sworn before me this _____

day of _____, 20_____.

Signature of Notary Public

My Commission Expires _____

